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ADDRESS DELIVERED AT THE OPENING OF THE REGULAR SESSION OF 1880, OF THE CAL. MED. COLLEGE.

BY PROFESSOR S. P. MEADS.

I WAS appointed to make an address of welcome in behalf of the Faculty to the students of the Cal. Med. College at the opening of this second course of lectures.

First, however, let me say to these numerous friends who are with us, we thank you for your presence here and for your interest in the welfare of this institution. (That sounds conventional, but we mean it.) We hope this college will always deserve your confidence. As year after year it shall add to its resources and its means of usefulness, we hope its merits will be more and more acknowledged by the public and that those seeking a medical education will be attracted within its walls. Whoever of such shall, by your recommendation, present himself here, it shall be the earnest endeavor of this institution to disappoint neither you nor him. Thanking you sincerely for your sympathy in the past and, let me say it frankly, expecting of you many favors in the future, I will address myself more particularly to these students which I see before me.

This, students, was to be an address of welcome to you, and so it is. We are glad to greet you to-night,—those of

you who were with us last term, those of you whose faces are new and strange to us. We sincerely hope that our relations during the coming course may be pleasant and profitable in a high degree. The united effort of instructor and pupil can accomplish this. On our part we pledge you our service to the best of our ability, on your part we expect your "level best." Now I say that's fair.

Some centuries B. C. the Jewish doctors assembled and, it is related, chose one of their number, eminent for his piety and learning, to interpret for them the visions of the prophet Ezekiel. Appreciating the magnitude of the task they had assigned him, and knowing that to arrive at the desired result he must use much more than the limited hours of sunshine, they voted him as a send off, a barrel of oil.

Now he that undertakes to prepare himself for the practice of medicine in days like these, has undertaken no light task. Wherever else you economize, invest largely in oil. Don't allow anything to interfere with your regular hours of study nor think to accomplish more than others with less labor than they. Neither underestimate the work before you nor be discouraged at its magnitude, but begin calmly, earnestly and cheerfully. We sometimes see a minister whom we think has mstaken his calling, lawyers who have mistaken theirs, doctors who lack many of the qualifications of a physician and whose diplomas are perhaps among the chief. I am not speaking of those nobodies whom we meet now and then in the various callings. Mother Nature herself would be puzzled to tell just what occupation she did intend some men for. I am speaking now of men of ordinary fair ability, who yet make a failure more or less complete in their profession. And why is it? The reason is very manifest. No man succeeds in any occupation unless he likes it. He must be thoroughly in love with his profession. He must be determined to master it, and must devote himself and all he can command to it. I use the word "devote" in its original and emphatic sense, and I hope you will appreciate its full meaning.

In one of our Eastern colleges, the students interested in

boat-racing, chose four of their best men to put in training for the national regetta, to come off some six months later. They raised money enough to secure the services of a professional trainer whose reputation in the art was unrivalled. He examined the oarsmen and promised them success, but only on condition that they would obey him implicitly, indeed refusing to train them at all if they would not. They readily promised. He immediately put them upon a strict diet. In their daily rations were so much raw beef and so many ounces of blood. He forbade them to taste intoxicating liquors of any sort, prohibiting even the lightest wines. This called forth a hysterical remonstrance from one of the four, who was accustomed to top off his dinners with a little claret. The will of the trainer prevailed. He removed them to a quiet quarter of town away from all excitement. When he told them to go to bed they went to bed, and they went early in the evening, just as their college companions were coming forth to sing jollification songs under the elm trees. When he told them to get up they got up. They returned from their morning pull on the river, while the eastern sun cast very long shadows, that of the old church tower almost reaching the western horizon. And what was the result of all this? What result but one could there be? They won the race of course.

Something like this strictness of discipline you must endure if you would have the highest success in any course of study. In this professional race you must submit yourselves to a training not for six months, not for three years even, but for a life-time. (And a life of devoted professional work is a life of happiness.) Inasmuch as the object of your ambition, the saving of human life, is higher and more worthy, than a mere physical triumph in a boat-race, you ought to submit yourselves to a more rigid discipline. Think you any one of those oarsmen failed to be on hand at the appointed hour of exercise at the oar? Yet some students think they can attend one lecture in three, or at least that they can lose a lecture whenever their inclination calls them elsewhere, and still

keep the thing along well enough. Such students usually consider themselves smart, and indeed they often do have a superficial quickness, a readiness to catch at a large mass of facts and to hold them in their mind, confused and ill-digested. Perhaps none of you are among that number who expect to win by some sort of spirit, some peculiar innate smartness, rather than by hard work. In fact I hope you are, all of you, so dull that you will feel it a necessity to attend every lecture, working early and late, in order to accomplish what you ought. That kind of stupidity would rejoice our hearts, and would promise a future for this college and its graduates.

But without saying it for the mere sake of saying something, a great deal of hard work should be done before a man sets himself up as a physician. I remember with what confidence, when a boy, in case of sickness at home, I hailed the arrival of the doctor with his box of medicines and his gig. "The doctor's come, we're all safe now." What names that marvelous man would say over! Poor childish confidence,—blind, unthinking faith in the man with the great big overcoat and buckskin gloves. And yet the owner of those gloves, the man who filled the big overcoat, had no right to abuse such confidence,—more than this he had no right not to deserve it. If anything could be done, in all ordinary cases, he should be able to do it. Perhaps the right medicine would save life, if through any neglect or failure on his part to improve the opportunities offered to students, he administers the wrong medicine, he deserves the severest censure. I don't forget the fact that the very best men in all professions make mistakes, that the best talent is sometimes puzzled at the bed-side of the patient. Of this I shall speak again. I refer to the common cases in the practice of medicine, where it is a shame, amid all the light of this nineteenth century, that there should still be such gross mistakes and blunders at the expense of health and life. Of course the young physician should not hesitate to avail himself of the wisdom of older and more experienced men in complicated cases which seem to demand it. From my acquaintance with those of you

who were here last term, I think the intention is general to be content with nothing less than a thorough preparation for the duties before you. (I have frequently expressed my surprise at the class of students I found here when I came.) I will take it for granted concerning the rest of you. Still I want to tell you an anecdote illustrative of the future condition of the practitioner who shall depend for success more upon the sublimity of his cheek than upon sound and solid attainments.

A citizen of one of our large cities on his way home in an inebriated condition took his seat with other passengers outside and on top of the car. Being well under the influence of his favorite beverage, as the car passed a curve, he was thrown violently to the pavement. He struck in a sitting posture. The car stopped. Passengers rushed out. Streetboys collected,—when, gathering himself up with the air of one, who, though little interested or concerned, yet for the sake of the information condescends, he asked: "Collision?" Streetboys: "No." "'Splosion?" "No." "Off track?" "No." "Humph; if I'd 'a knowed that, I wouldn't 'a got off." Now whatever pretender shall try to palm himself off upon the community for that he is not, and push his way without the necessary qualifications to a high seat among the learned, will be fortunate if he escapes an explosion, will scarcely avoid disastrous collisions, and even if he escape both, will surely soon find himself hopelessly off the track. Not so fortunate as our inebriate friend either, will he find himself in a sitting position, but rather most decidedly sat down upon.

But now for the other side. While much is required and surely ought to be, of the man who attaches M. D. to his name, yet the acquiring of much is only the successive additions of little. No student should be disheartened at the prospect of toil. He has only to accomplish a certain, definite amount of labor daily and the thing is done. For instance, you may study the symptoms and treatment of a certain disease from the lectures, text books and at the hospital, and

though for a limited time, yet so thoroughly that in all cases of that disease ordinarily under the care of a physician, a specialist could do no better than yourself. You may in a space of time comparatively short, so thoroughly master the treatment in a case of arsenical poisoning, that unless there should be some very unusual complications, an expert in Toxicology could do no more than you. Thus little by little all the best methods of procedure in cases of the more common maladies, composing nine-tenths of the physician's practice, you may make your own. The other tenth will give you the difficulty; gives the best of them difficulty. With these more obstinate and disputed ailments, disputed as to what they are and as to what the treatment should be, you must grapple for a life struggle. Take courage, also knowing that you are fellow-students, in this respect, with the greatest of them. But you must be faithful in your preparations and sacredly improve all opportunities of observation and study. It is only when a man works with some sense of responsibility and duty resting upon him in regard to that he ought to accomplish, that the highest results are reached. That student, who wilfully neglects a single privilege by means of which he may better fit himself for the practice of medicine, sins against the community and against his future patients. He that has no guiding principles in his studies, no sense of duty in the matter, is treacherous to the commonwealth which establishes the Medical College by granting its charter, he is false to the institution he attends, and worse than all is false to himself. On the other hand, he that is sincere and faithful in his preparatory studies and enters active service with a due sense of the responsibilities of the position he occupies, is worthy of all honor. He need not mind the scoffs of those doctors who, because they have practiced eight or ten years, more or less, think they know it all. He will surely gain the confidence and esteem of that large class of honorable physicians, who, through years of practice have all the while been laborious students. He will be honored in the community in which he settles, and as far as making a living, which seems to be the

sole aim and end of so many people, the living will come as an effect follows cause.

But it's all very well to talk. Talk is inexpensive. It's very easy to tell a poor fellow to study faithfully so many years, and such and such results shall follow. I admit it. It is easier to give ten addresses before medical students, than to follow the conditions imposed by one. I'd rather advise soldiers a hundred times over to be shot at their posts, if necessary, than being a soldier myself to—be shot at my post once.

But because of this, is a sentinel who deserts his post any less a traitor or any less deserving death? Is a man who betrays a sacred trust any the less despicable, because it required something of self-sacrifice to be true to it? Are words any the less true because they necessarily are words? But to return to the subject. This poor fellow beginning attendance upon medical lectures, says that these general statements nobody disputes. They are all very true. But he would like to give my remarks a more practical turn and he reminds me most emphatically that the committee on Ways and Means is the most important committee at the national capital. Oh, yes, I understand you. It's true as to the national capital, not true as to you. You need a great many things, to be sure; books, food and clothing while pursuing your studies, etc., etc. These you must have, but there is a greater need than any of these. What greater need can there be, than what I tell you you must have? To make the matter plain, let us consider what a soldier needs. So much of our language is martial, so many expressions giving strength and keenness to the English tongue we owe to the warrior, that perhaps with him the point may best be made clear.

To begin at random, a soldier needs a good supply of wholesome food; but hungry men inspired by liberty have been known to put to flight the well-fed legions of despotism and many a half-starved garrison have kept their country's flag floating in defiance, though surrounded by an army whose store-houses were filled with plenty. Warm and com-

fortable clothing soldiers ought to have, but the war-worn veterans, who hovered over the camp fires at Valley Forge, had neither warm nor comfortable clothing, and yet they made the Americans a free people. Not unfrequently bare-footed peasants have chased from the battle-field well-booted regulars.—Oh no, the virtue doesn't lie in the boots.—An army should be furnished with artillery and ammunition in abundance, but artillery and ammunition may be taken by the enemy and turned against their former owners, as has been done in a thousand instances. Again, troops should be well supplied with small arms, but sometimes they throw away loaded rifles and flee in the very hour when the decision of the contest hangs trembling in the balance. Two thousand Austrians, in one of the Italian campaigns, laid at the feet of a hundred and ninety Frenchmen, two thousand muskets of the most improved pattern, and this in the open field without discharging one of them. Better had it been for Austria, had she shipped the arms direct to the French capital and saved the expense of the round about transportation.

There are regiments of soldiers furnished with all the paraphernalia of warfare,—the careless observer would pronounce them ready for active service,—that would endure the attack of such inspired warriors as Oliver Cromwell's "Old Iron-sides" as well as—to put it mildly—as well as—Lisbon endured the earthquake. An army ought to be well and regularly paid, but men devoted to their leader and their cause are a thousand fold better than hirelings. To sum the whole up and to show you the point I am trying to make, notice:

All these things with which an army should be furnished are good and some of them very necessary,—food, clothing, shoes for the feet, ammunition, and the deadly weapon most effective to take away life. But the soldier who is to be the true and stable support of his government, needs more than all these. He needs something which is not like his hardtack baked in the oven, nor like his meat bought in the shambles, something which cannot be made in the tailor's shop nor furnished by the shoemaker, something not manufactured at the

powder mill nor stored in the armory, something infinitely better and without which he is but a beast of burden for the enemy, the very weapons in his hands being on their way to the arsenals of the foe. And what is this preëminent qualification, this most essential possession of a soldier, worthy of the colors he carries? What but a complete devotion to his country and his country's cause, a devotion, which, when weighed in the balances is not found wanting, which pales not nor blanches before rifle or bayonet, shot or shell?

Now there are many things which you need. You need money. Those of you who have least, need money. Yes, you do need—just about as much as you've got. You need books; at least one good text-book in each branch of study, and let it be the latest edition of the best. But more than anything else or all else you must have a consecration to your work, a determination to be master of yourselves and of the situation. If I may borrow but the shadow of that divine sentiment uttered on the shore of Galilee's sea, I will say to you: "Seek first a soldierly devotion to the Science of Medicine, and all these things shall be added unto you." Where there is a will, there is a way; where there is no will, it matters not though there be a thousand ways. Without this determined devotion, rich uncles may furnish you with funds, rich parents send you to German Universities, you may have a library of ten thousand volumes, but it will be all in vain. Such a one knows what he knows as though he knew it not. Going forth with a thousand remedies at his command, so superficial and careless will his habits be, that he will but play into the hands of life's great enemy, the giant twin brother of Sleep. Zeno, the philosopher, advised one of his pupils, who came to consult him, to refuse the proffered assistance of a rich relative and to continue laboring with his hands for support, though the necessity shortened materially his hours of study. The philosopher's reasons may be readily seen. They are too manifest to be repeated here. Now don't be alarmed about ways and means, but see to it that the essential thing is not lacking. But some of you have spoken to

me of particular discouragements. A remark of one was something like this: "I wish I had begun the study of medicine ten years ago instead of fooling away so much time and money as I have." Well, I wish you had. If wishes about the past were of any avail, what an amount of wishing most of us would do! But any errors in past plans should not disturb us in the execution of those of the present. We have had so much experience, and all experience may be made profitable. Understand me, I don't say that all experience is profitable; past experience is often fatal to a man's present and future career. But I repeat it, all experience may be made profitable. Defeat in past plans and hopes often is the very means of success in higher and better efforts. Had not the Union forces been most ludicrously whipped at Bull Run at the commencement of the Civil War, we would to-day be a divided people. At the outbreak of the war, both parties labored under a hallucination fatal to success, where any great achievement is hoped for. The loyal States boasted that one of their men was worth two Confederates, while the chivalrous Southerner claimed, and believed it, that one Confederate was a match for five Yankees. Both were sure of a short road to final and complete triumph. The defeat at Bull Run opened the eyes of the North and they saw it was man for man and the ground the enemy's choice. The victory blinded the eyes of the Southern leaders, confirmed them in their delusion, from which the following year they awoke, but too late to save them from Appomattox.

Now, if past experience has opened your eyes and given you a proper appreciation of the responsibilities and possibilities of life, if ten years have shown you what you are and what you ought to be, and have given you a just estimate of what you can be, they have not been spent in vain. Who shall say in an individual instance, that this one who begins the study of medicine at twenty shall practice more years than this one who begins at thirty or even forty? Who can say that the first shall save more lives than the second? Who knows but that the first may lack in judgment more than

the second in technical scholarship. One may have the remedies for a thousand diseases upon his tongue's end, and, if when he gets into the sick chamber, he is puzzled to tell which of nine hundred and ninety-nine of them his patient has, he is in a sorry plight. I don't wish to be misunderstood. Other things being equal, the younger student has the decided advantage; but the student who wishes he had begun ten years earlier, and yet has the energy to begin now, has everything to encourage him. Expect long life and take care of your own health, while advising others how to take care of theirs, that you may attain unto it. Why, Cromwell was an unknown man in middle life; Theophrastus began his "Characters of Men," when over seventy years of age; Goethe completed "Faust," his greatest work, when over eighty years old, and our own Longfellow, who tells us this so pleasantly in verse, sits working and studying still, and looks down "from the snowy summit of his years," to rebuke the idleness and love of ease that has taken possession of so many younger men. I wish I might live to see you all, jolly, good-natured old doctors, serviceable yet when four score years are past.

In closing, let me propose a good Eclectic oath. And now promise: "That as students, you will freely choose whatever labor and effort may be necessary to acquire a sound medical education,—as physicians, you will choose the remedies that are best,—as men and women, you will choose that which is noble, honorable and true, that which is acceptable in the sight of God and commends itself to the consciences of men.

ORIGINAL COMMUNICATIONS.

A NUT FOR THE GIBBONS TO CRACK.

Oakland, October —, 1880.

To the Editors of the CALIFORNIA MEDICAL JOURNAL.

Gentlemen:—I cannot refrain from thanking the editors of the *Pacific Medical Journal* through your *Journal* for the gratuitous advertisement of the California Medical College, an institution that is an honor to the city of Oakland and to

the Pacific Coast, an institution that has honored me with a professorship. But, Messrs. Editors, while the California Medical College has been brought more prominently and conspicuously to the notice of the profession and to the public, it is evident that their intention was not to do us good, but to injure us. Is it unjust for me to ascribe their motive to jealousy? If it were not jealousy that prompted them to such ungenerous and ungentlemanly attack, what was the motive? We had said nothing of them, we had no spite, entertained no ill-feeling toward them. We did not regard their college as a rival institution. There is no point of comparison between the two schools, they are Allopaths, while we are Eclectics; they are bigoted and non-progressive, while we are liberal and progressive, following where truth and science lead.

We often heard that they were jealous of our college, still we did not fully credit the report and it would have remained an assertion until now, if the Professors in the Medical College of the Pacific had not through their *Journal*, confirmed the assertion.

The attack was cowardly in the extreme. The college at Oakland has the same curriculum as that of any other first-class institution.

It has been proven in the Courts that money without attendance will procure a diploma from the Faculty of the Medical College of the Pacific at San Francisco. No one has ever procured a diploma from the California Medical College except he merited it. The Faculty of the Medical College of the Pacific through their Dean and his sire printed a falsehood. They knew that they were not telling the truth. No sane person would for a moment credit the thought that they stated a falsehood unwittingly. It is plain that they meant to lie as they did. The mode and manner of teaching at the California Medical College at Oakland is a commentary upon the loose mode of instruction at the Medical College of the Pacific, as any one can see for himself if he will visit the respective schools. We have nothing to fear from

investigation. We cordially invite any person or persons to visit our institution and ascertain for themselves if the instruction is not systematic, scientific, and as it should be.

In regard to "eclectic" meaning "anything or nothing," it but shows how little the editors of the *Pacific Journal* have studied the Eclectic creed. They are so puffed up in their own conceit, that they dare not investigate the subject and with the ignorance of a child proclaim that the word "eclectic" means "anything or nothing." It means sufficient to raise the ire of the Gibbons. It means enough to so blind their consciences, as to cause them to print a base falsehood. If it means so little, why are they so agitated? It means so much to the minds of the Gibbons as to cause them to come out in their true colors and show their hellish natures in adding insult to injury in the closing remarks of their article, for after saying all the lies they could conjure up, they intimate that there is still something else that they have left unsaid that they could tell. They tell us that if we contradict their base falsehoods that they will be compelled to enter into particulars that will make bad worse. What consummate cheek is this? It is well worthy the villians who wrote it. This is the language of black-mailers. We cannot say of them as they did of us, that they are gentlemen, we wish sincerely that we could, but they are anything but that. We challenge the Gibbons to state one single thing of us, as a College or as Professors, that is unprofessional, ungentlemanly, unjust and not right. We do not claim to be perfect, no one is.

The intimation was a lie; they know nothing of us that is wrong, or they would gladly have stated it. We have already stated that you were not gentlemen; we might have gone farther and told how they run the Medical College of the Pacific; how they graduated twenty-six students in 1878, and how some of them, not a few, were notorious quacks and how one of them, I—— by name, was not required to attend lectures and at the end of the term graduated with the rest; how a great many of that session never before at-

tended any school of medicine; how others staid away from lectures, clinics, etc. the greater part of the time and yet graduated. We might call attention to the manner of the Professors lecturing; how the Professor of Anatomy lectured but a few times during the whole session and ask how he could conscientiously sign all the students' tickets for a full course of lectures. We might ask how they could graduate some of the students that they did in 1879. How much a diploma is worth to a man who was constantly working at his trade, while pretending to attend the College, a great part of the time being absent. And it might be a pertinent question to ask what caused the mania among the Faculty of that College to attend the Baldwin Theatre during the sessions of '78 and '79, and if there can be any connections traced between their attendance upon the Theatre and the graduation of the clown. I would like to ask if the demonstrator of anatomy at the Medical College of the Pacific has been in the dissecting room a dozen times within the last two years? Let him truthfully answer it. I would like to have the Professor of Chemistry in the same College, (Med. Col. of the Pacific,) inform me, if he bought his M. D. from the Gibbons, or did he take it out as part pay for his services?

These are questions enough to put to them for this time, but as I was an attendant upon lectures at that College at the times mentioned above, it would not be strange if I knew a little of the "true inwardness" of that concern called the Medical College of the Pacific.

Thanking you for the use of your columns, I am etc.,

Respectfully Yours,

C. E. CASE, M. D.,

Oakland, Cal.

A DAUGHTER of Mayor Prince of Boston, died of poisoned blood, and an investigation shows that the cause was eating meat tainted by sewer gas, which arose through a pipe into a refrigerator.

METHODS IN THERAPEUTICS.

BY C. H. HOUPT.

"Though this be madness, there's method in it."

Shakespeare.

IT is interesting to remark the fashion in medicine, (for it does exist,) and note how a remedy that fills for a time almost every indication, (by report only) to see its popularity increase so that the supply is scarcely up to the demand, then mark its rapid decline and total oblivion when some new comet with still more wonderful *tales* is discovered, the history of the last is a repetition of that of the first.

To prescribe a *new* remedy because it is such, and before you have tried and failed on the well-known and reliable remedies, is not a good method in therapeutics, for by method we mean "an orderly procedure or process or *rational* way of investigating or exhibiting the truth."

The methods in therapeutics may be classified under four heads: 1st. Empirical, 2d. Physiological, 3d. Etiological and 4th. Symptomatic or specific medication. I might add still another, the Hahnemannian. Further than admitting that this is a system in therapeutics, I propose not to discuss at this time.

1st. The empirical method is the most ancient, it dates away back in the dim past; its early advocates have long been gathered to their fathers, they have for ages been absent from a place that requires practitioners in medicine, but four-fifths of the medicines we have are of and from this method, that is, were first used and brought to the notice of the profession by empirics.

The empirical method may be defined: to learn the properties of drugs as modifiers or removers of disease by observation at the bed-side, by close study and careful comparison of results when administered to the sick; this mode of arriving at a conclusion leads, but does not exclude the results of

experiment and research in pathology and physiology. This method also claims that many valuable medicaments have been brought into use and added to the list of remedies in the belief of a divine gift to man, the instinctive cravings so often manifested in disease, as instanced in the desire for cold drinks in acute febrile diseases and the craving for acids in scorbutic affections, it was thus that light was thrown upon the way leading to experimental use which resulted in the adoption of many valuable drugs, and examples of such instinct and cravings are not wanting in the lower animals, as instanced in the dog, who well knows when an emetic is necessary for him and who quite as well knows how to induce emesis.

2d. The Physiological is now the fashionable and reigning method, and Barthlow heads the list as the exemplifier. His late work on *Materia Medica* is perused with interest and profit; this system has been an embellishment to the science of medicine.

This method is based upon the physiological action of drugs upon the lower animals in health and not man in disease, if the assumption is correct that as a drug acts upon a dog in health, so will it act on man in disease, this is the method we all want to adopt and the proving of our *materia medica* and therapeutics is as simple as efficient. This method is still crude in its inception, the required experimentation will mould and bring it to better perfection.

3d. The Etiological method is treating the cause; this is an admirable plan but is liable to abuse and is insufficient in itself; it is a difficult matter to determine among the vast number of antecedents of diseases which bears the causative relation.

4th. The Symptomatic method is what our school denominates specific medication and is a method which is daily growing in favor and increasing in knowledge.

We prefer the Rational method, which takes them all in and requires a vast amount of common sense in its practice and without this very important ingredient in the composition of a physician, no method will be of avail.

CHRONIC METRITIS.

BY J. H. BUNDY, M. D., OAKLAND, CAL.

The most common combinations, pathologically considered, with which the physician is confronted, is that of chronic inflammation of the womb. The complaints made at the time of being called upon for assistance are numerous beyond degree, dragging pains in the loins; terrible backache; bearing down pains; pelvic pains; leucorrhœa; menstrual trouble relating to excessive flow; general feeling of despondency; irritability about the bladder and rectum; malaise and weakness, and a throbbing sensation about the uterus. As rational signs these point to the uterus as the probably deficient system, an exploration of which reveals the following results: uterus in size voluminous, tender to touch, and evidently engorged with blood, and in a condition of descent, retroversion or anteverision; leucorrhœal matter pours from the cervical canal; the probe reveals tenderness of the fundus and creates a flow of blood; the cervix is often in a condition of cystic or granular degeneration; and a low grade of vaginal inflammation. To such a combination of conditions as are here enumerated, and all found in the same case, the case is pronounced prolapsus or retroversion, uterine catarrh, ulceration of cervix, etc.; when, if careful reflection is given the case, the intelligent practitioner will ordinarily group the coincident morbid states together under the name of "*Chronic Metritis*." The condition ordinarily styled chronic metritis consists in an enlargement of the uterus due to hypergenesis of its tissues, especially of its connective tissue, which induces nervous irritability and is accompanied by congestion. Decidedly the most frequent source of this state is interference with involution of the puerperal uterus. A very large proportion of the cases of so-called parenchymatous metritis are really later stages of subinvolution. Areolar hyperplasia is often induced in a uterus which has once undergone the development of pregnancy, by displacement, endometritis, and other conditions inducing persistent hyperemia. However produced,

the condition is a vice of nutrition engendering hyperplasia of connective tissue as its most striking feature, and, although attended by many of the signs of inflammation, it in no wise partakes of the character of that process. There is great uncertainty as regards the length of time this condition may last. Once thoroughly affected by the disease, the connective tissue rarely returns to its original condition, but so complete is the relief which may be afforded the patient by removal of those concomitant conditions that attend upon it and increase the comforts which are due to it, that the patient will often for years imagine herself well. Imprudence, however, during menstruation, the act of parturition, over-exertion, or some other influence favoring congestion, will produce a relapse, which will destroy the entire foundation of hope she had entertained of recovery. The extent to which the enlargement of the cervix will go as a result of areolar hyperplasia is astonishing. It may effect the entire uterus; it may be limited to the neck, extending from the os externum to the os internum; or it may affect the body from the os internum to the fundus. This is a disease of great frequency, and as it has been universally regarded as a chronic parenchymatous metritis, is a reason why inflammation of the structure of the uterus was thought to be so common. A reduction of the vital forces from any source or cause is one of the true causes that we may term *predisposing*. Also a constitutional tendency to tubercle, or a scrofulous diathesis; parturition, especially when repeated often and with short intervals; prolonged nervous depression; torpidity of the intestinal and hepatic functions are contributions to its predisposition. Nulliparity secures, to a very great extent, an immunity from the disease, and multiparity constitutes a most important predisposing cause. This arises not from its being an immediate consequence of the parturient act, but from tissue changes of utero-gestation, rendering the uterus prone to its development. The exciting causes are numerous and may be looked for in puerperal pelvic inflammation; over-exertion after delivery; displacements; laceration of cervix uteri; endometritis; ab-

dominal tumors pressing on vena cava; excessive sexual indulgences, etc.

To present the symptoms of this condition entirely separated from those of complications which very commonly attend it, such, for example, as displacement, laceration of the cervix, ovarian congestion, granular cervix, etc., is impossible. These of course, produce symptoms of their own, which mingle with those of the main disorder. The symptoms, then, which are due to areolar hyperplasia and its almost inevitable complications, are the following: If the cervix alone be effected, there are: disordered menstruation; pain in back and loins; difficulty of locomotion; pressure on bladder or rectum; nervous disorder; leucorrhœa; dyspepsia, languor and headache. If it becomes general, graver symptoms become manifest, chief among which are the following: heavy dragging pains through pelvis, aggravated by motion; dull pain beginning before and lasting during menstruation; pain on defecation and coition; pain in mamma before and during menstruation; nausea and vomiting; pressure on bladder with vesical tenesmus; sterility; great nervous disturbance; and what is most constant, a burning heat or pain on the very top of the head. This last symptom is so constant in these cases that I never fail to make the inquiry. Vaginal touch will generally discover that the uterus has descended in the pelvis so that the cervix will rest upon its floor. The cervix will be found to be large, swollen and painful, and the os may admit the tip of the finger. If the finger be placed under the cervix and it be lifted up, pain will usually be complained of, and if it be introduced into the rectum so as to press upon the cervix as high as the os internum, it will often reveal a great degree of sensitiveness. The direction of the uterine axis under these circumstances will generally be found to be abnormal. In some cases the cervix will have moved forwards and the body backwards, or the opposite change of place may have occurred. These constitute the *physical signs of Cervical Hyperplasia*.

To demonstrate the *physical signs of Corporeal Hyper-*

plasia, carry two fingers into the vagina and place them in front of the cervix, so as to lift the bladder and press against the uterus, while the tips of the fingers of the other hand be made to depress the abdominal walls, the body of the uterus will, unless the patient be very fat, be distinctly felt, should the organ be anteflexed. Should it not be detected, let the two fingers in the vagina be now carried behind the cervix into the fornix vagina, and the effort repeated; if the uterus be retroflexed or retroverted or even in its normal place, it will be detected at once. By these means we may not only learn the shape and size of the organ, but also its degree of sensitiveness. This may also be accomplished to a certain extent by rectal touch. We may then introduce the uterine probe, measure its cavity, and ascertain carefully the sensitiveness of the walls. This will be necessary, before the diagnosis can be considered complete, as to whether the cervix alone is affected, or whether its enlargement is only a part of a general uterine development.

When the whole uterus is affected, or the body of the organ alone is enlarged, the diseases with which this affection may be confounded in its first stage, are: pregnancy, peri-uterine inflammations, or neoplasms.

(*To be continued.*)

UNDER THE SCALPEL.

“NEGLECT OF DUTY”—CROWLEY, M. D.

“GUILTY OR NOT GUILTY.”—MACLEAN, M. D.

(*California Medical Journal, Vol. 1, No. 10, pp. 385 and 404.*)

The Board of Directors of the State Eclectic Medical Society of California, having deposed Dr. Crowley from his position on the Board of Examiners, under the laws of the society, he was entitled to an appeal to the State society, had he felt *AGRIEVED by the action of the Board; he does not, however, avail himself of this PRIVILEGE, but being a Sub-Editor of the *California Medical Journal*, he avails himself of the advantages of that POSITION in it, to publish to the

*The **SMALL CAPS** in this article represent the Doctor's new system of orthography.

profession his defense, SUBMITT his appeal—make his attack on his Judges feed his vanity—and gratify his personal venom and spleen. Thus submitting his case on *Ex-parte* testimony, he evidently hopes for a full VINDECATION should the matter *per consequence* come before the State Society. With his attacks on these Boards, I have little to do, as these gentlemen will no doubt defend themselves and their act, in the proper time and place. With his attack on my standing as a professional man, and my VARACITY as a gentleman, I have everything to do; as his poverty is his protection from legal prosecution, this becomes my only mode of defense. I propose to show that Dr. Crowley's defense is made of FALACIOUS statements, a tissue of falsehood, and base, WILFULL misrepresentations. And that even his apologist, Dr. MacLean, is no more reliable than he, where feelings, or, INTREST is involved. As the statements of both, indicate a lack of honesty, or the recklessness of desperation, in order to gain their point. Under the caption "*Neglect of Duty*" Dr. Crowley bemoans the assumed fact "That ever since the Eclectic school came into EXISTANCE, it has labored under the depressing influence of *charlatans* and *ignoramuses*; every man who did not belong to the Allopathic or, Homœopathic schools, no matter what his QUALIFYCATIONS were, applied to his particular doctrine the word Eclectic." Dr. Crowley claims to be a "man," he does not belong to either of the other schools. Therefore "no matter what his QUALIFYA-TIONS are he applies to his particular doctrine the word "Ec-lectic." In one breath he assures us, that the "Empiric and charlatan followers of Eclecticism drew it into the mire from which they originated."—Who originated in mire, the "Empirics" or "Eclectics?" Dr. Crowley fails to tell us. In the next he assures us "Eclectics are as pure as their principles."

If, as he says, "Eastern Eclectics have been laboring to purify themselves" from "*Charlatans* and *ignoramuses*," does this account for the recent ARIVAL of Dr. Crowley in California? JUDGEING his ability, from his literary production, as manifested in his defense, he fully MERRITS the one—

JUDGEING from the limited extent of his practice, the public regard him as both. Does this fact also explain why men from the "East" have with such modest shame-facedness put the word "Eclectic" in such an obscure POSITION and such small letters on their College and ignored it altogether on their *Journal*. If "Eastern Eclectics have thus divested themselves of the ignorant empiric followers, these must have come west, and as Dr. Crowley only recently came west, according to his own logic, he must be one of these "ignorant empirics" that Eastern Eclectics have been divesting themselves of. I apprehend the State Board will not regard it as "unprofessional" for Dr. Crowley to advertise himself in his own *Journal* as a "*Charlatan or Ignoramus*," an "*ignorant Empiric*," which "Eastern Eclectics have divested themselves of," if he sees fit; true, they may deplore his origin and pity his ignorance, which advertises the fact: but they may regard an "honest confession as good for the soul." There may, however, be men in California, who are not the "divested refuse of even Eastern Eclectics, and it might be well to make a distinction. He next assures us that the Eclectics in this State are made up of "poor crippled followers of Buchanan and outcasts from other schools." Think of that, ye "poor crippled" Eclectics of California. Gloat over it, ye "outcasts from other schools." IMBRACE the association, smile at the assertion, it EMINATES from the little immaculate Crowley, M. D., Professor of Surgery in "California Medical College, Eclectic." You are "*Charlatans*," "*Ignoramuses*," "*Empirics*," "*Poor crippled followers of Buchanan*," "*Outcasts from other schools*," and your "arms are extended to support such and open to take them in." This from an Eastern fledgeling to such men as Warren, Turksbery, Backesto, Roberts, Mason, Clayton, Martin and others. O, impudence! where is thy blush!! If IMPERTINANCE such as this, does not receive the reward it so richly MERRITS, I have SEARIOUSLY MISSAPPREHENDED the material of which Eclecticism is composed in California. His next statement comes to the real point at issue, viz.: The presentation of a diploma from the "Bu-

chanan school" on which a "license had been refused years ago" etc., etc. The historic details of this particular case are simply as follows: In the fore part of the Summer of 1877, a diploma was presented to the Eclectic Medical Board of Examiners of this State, accompanied by the proper AFIDAVIT from the *now* disreputable Buchanan school; several other diplomas appearing about the same time under suspicious circumstances, the Board wisely DISCINED, for the time being, not to recognize any of them. When informed of this fact, the party in question went before the Board of Examiners, demanded and received an examination and was highly complimented for his efficiency and received his license. After the immediate hurry of passing on diplomas was over, the Board found that satisfactory evidence existed that at least some of these rejected diplomas had been obtained by a legitimate course of study when the College ISSUEING them was in good standing, and that consequently they could be compelled by process of law to issue certificates upon them, hence, these they DESCIDED to recognize. Some *re*-presented their diplomas and received their license, and have since been recognized as HONORD members of the National Association, two gentlemen from this same school even filling two of the MOSTE important chairs, with INFINITLY better satisfaction to the students, than Dr. Crowley can ever give in the same College of which he is such a dignified, POMPEOUS member. The party under consideration declined to *re*-present his diploma, though frequently solicited to do so. But in the meantime he employed an attorney, who took the Dean of the Faculty before a NOTORY public and under the notary's seal and the seal of the College, obtained a transcript of the PARTIS registration, studies PERSUED, collegiate standing, THISIS submitted, and date of graduation, with the additional testimony that the diploma was issued by the "Regular Faculty," after a "careful, meritorious examination," all of which is in the possession to-day of the party REFEERED to. After this party had become well known in California among medical and literary men, having had more practice and success in

one year than Dr. Crowley has had in a life-time, commanding and RECEIVING the esteem and respect of all schools, his CHARACTER sustained by the testimony of gentlemen now in California, who knew him years ago in the country of his childhood, he at length yielded to the solicitations of friends, some of whom were members of the Board of Examiners, and re-presented his "*Eclectic* diploma." Not as a matter of NECESSATY, he already holding a license from a PRVIOUS Board, which constituted him just as legal a practitioner as Dr. Crowley, with all his assumed DIGNATY, which has already turned students from the college with which he is associated, but it was re-submitted in order to give the society an OPPERTUNITY to repair a wrong they had done him "years ago." Six of the *seven* members of the Board recognized these facts, and signed the license in question, Dr. Crowley, from motives best known to himself, alone REFUSEING. True, he could have been compelled by legal process to sign this license, but the party absolutely refused to accept a license issued under PRESURE of law. Now if the *law* would COMPELL Dr. Crowley to perform a ministerial act, was it not clearly his duty to do without that PRESURE what the law would declare a misdemeanor if not done; hence his not doing it was *Ipsofacto* a "*Neglect of Duty*." Dr. Crowley next asks, "How did Dr.— receive his diploma dated 1870, when he was in California during the time and even a number of years previous." In his anxiety to make out his case, he ALLOWES his MALACE to becloud his judgment and as I know he had positive information to the contrary, he *wilfully, maliciously and sneakingly lies*. As that party was not only *not* in California at that date, but was not within three thousand miles of it for over five years after that date.

His *Ex-cathedra* statement about a "diploma being a necessary document," for this party, his "writing to Buchanan for one and receiving it without delay," are like the PRECEEDING, simply *willful, sneaking lies*, manufactured out of whole cloth, in his own contemptuous, little, envious brain, and published with a hope of gaining his IGNOMENIOUS ends.

The facts are, that party held a diploma, "legally" obtained, by legitimate study, from both the other schools of medicine, and from institutions in which Dr. Crowley, to-day, could not even matriculate. "Crippled followers" of even *Bennett*, if you please, or "outcasts from other schools." His next section caps the climax for grammatical construction, MATHEMATICAL precision and egotistical MISSREPRESENTATION. "Although I presented to the Board the irregularity in which this diploma was obtained," etc., etc. "Although *I* (the immaculate, pure, high-minded professor and sub-editor; although even *I*) presented these facts *pointedly, forcibly*; because *I* would not allow such work to continue; even *I* was removed." In one section he tells you that in "1852 the Doctor under consideration studied medicine in Buchanan's school." His MATHEMATICS are so profound that in this he tells you "1852" was "eighteen years ago," and that "eighteen years ago according to pretense, this party attended college." A Professor in a medical college who can add "eighteen" to "Fifty-two" and make "*Eighty*" of it, is certainly an important factor in medical tuition.

The transcript of Buchanan's "record" PUBLISHED on this coast, was taken from the *Record* of Philadelphia, the newspaper which claims the credit of his prosecution, and I simply defy Dr. Crowley, or any other doctor, to find the name of this party in that list at all, much less in the list of 1876. So much for his "pretense, candidly and FORCEABLY presented."

Another piece of honest candor, "forcibly presented," was furnishing a "list of graduates for 1870," and because a man's name was not on it who had graduated in 1852, therefore he had not graduated at all. Perhaps, however, the date "1870" completed Crowley's FOSSILIZEATION, and Van Winkle like, he may never know ten years have passed since then. If, as he claims, he was in possession of facts which DEMMONSTRATED the "irregularity by which (not in which) this diploma was obtained," why did he not record his protest and appeal to the Board of Directors, or the State Society? Simply be-

cause in either case they would investigate his evidence and spoil his OPPORTUNITY to gratify his MALACE and defeat his *Clique* when he "*Counted Noses.*"

His refusal to sign the license in question simply stayed the action of the Board; who, after two or three fruitless meetings, finding they could proceed no further, appealed to the Board of Directors, the appointing power of the society; who, after TAKEING the matter under legal advisement, SECUREING a written opinion in *extensio*, sustained by two other EMINANT lawyers, they found they had no discretion in the matter; the law of the State and the law of the Society being IMPARATIVE in the case. The other members of the Board having signed and the law being "*they shall all sign it,*" (Sec. 1 Med. Law) he positively REFUSEING to do so, REFUSEING to record his protest, REEUSEING to resign, therefore positively refused to do his duty and for that refusal was removed by the Board of Directors. Had Dr. Crowley been a gentleman, anxious, as he claims, for the purity of Eclecticism, he could very easily have requested the Board to suspend action and invite the doctor in question to furnish as required by law, "such further testimony as in their discretion they may deem proper to hear * * * as to the manner in which any such diploma was procured." (Med. Law Sec. 3.) Failing to do this he "*Neglected his duty.*" So he can poise on which horn of the DELAMA he pleases; the charge is established and the action of his JUDES vindicated. They obeyed the law; HENSE this tempest in a tea-pot. Here the matter might have ended, had not Dr. MacLean rushed into print in defense of his little protege, shouting "*Guilty or Not Guilty.*" He says, "We believed the Dr. (Crowley) had right and justice on his side, but we hated to confess our shame." What "shame?" The shame that *he* signed the license in question, and Dr. Crowley would not? The "shame" that he exhausted his argument and eloquence on Dr. Crowley to induce him to sign, and it was all a failure? Is this the "shame," which he hates "to confess" and which now GREIVES his SENSATIVE heart? In the doctor's intense ANAXIETY to

vindicate his "Sub," he evidently forgets his own POSITION and fails to explain his own acts. If, as he pleads, Dr. Crowley's "act was in perfect harmony with his oath of office," if he "was in the active discharge of his duty when he refused to sign the license in question," if "had he done differently, he would stand accused before his own conscience as a guilty perjurer." What about Dr. MacLean's position? *He* had taken the same "oath of office," *he* had the same "duties to discharge," yet *he* did do "differently," for *he did* "sign the license in question," and if his own logic is true, *he* therefore "must stand accused before his own conscience as a guilty perjurer." Nay, more than this, he ALMOSET BEGED and prayed Dr. Crowley to sign THESE same license and thus perform an act which he now tells us "would have been a violation of his oath of office," and sent him forth branded as "a guilty perjurer." He even went so far as to inform the party who had applied for the license, that he was "very sorry Dr. Crowley had done as he did." "Sorry," what for? Why, that Dr. Crowley had refused to perform an act, which Dr. MacLean now tells us would have been a "violation of his oath of office," and stamped him as a "guilty perjurer." Thus from the part Dr. MacLean has performed in this matter, it is no wonder he "hates to confess his shame."

Dr. MacLean next tells his readers that no "evidence was produced to prove Dr. Crowley's guilt." Dr. Crowley tells the same parties, "That the Board of Examiners passed the following resolution, viz: That the question of Dr. Crowley's refusal to sign Dr. ——'s license be REFERRED to the Board of Trustees," and then he adds what again is false, "The Board of Examiners are also Trustees," conveying the idea that the two Boards are identical, which is not the fact.

Now if Dr. Crowley in his own case, is a true witness, the Board of Examiners were cognizant of all the facts in the case, and they by resolution, under the seal of the Board reported these facts to the Trustees, while he also declares the "Examiners are also Trustees." The Board of Trustees having the above resolution, and some of them also being Exam-

iners, they must have had all the proof of which the case was capable; and Dr. MacLean being at the time a member of both Boards and knowing all these facts when he wrote the above, to CHARACTORIZE his statement in its mildest form, it is at least "A FULMUNATED enlargement of elongated VARACITY." But if, as Dr. MacLean contends, Dr. Crowley was never "legally deposed," why this *fuga*? Why not have him take his seat on the Board of Examiners, sign SOMEBODIES license, and accept the consequences? Simply because he PREFEERS his present position, undesirable as it is, to a residence in San QUINTEN for FELLONY. Dr. MacLean would have us believe that the party applying for the license is a "gentleman who is supposed to be above suspicion and incapable of doing a dishonorable act," and yet, he declares, that Dr. Crowley, who has "no personal enmity against this applicant" would "violate his oath of office" if he did not accuse this "applicant" of purchasing a *bogus diploma*, and committing a FELLONY by *swearing* to its authenticity. Such reasoning as this puts all the "*fallacia amphibalia*" of Libnitze, Wheatly, and Hamilton forever out of the domain of logic. We are next informed that the grounds of "suspicion" were an apparent DISCREPENCY between *assumed* facts and given dates. If the Board had any such "suspicion," why was not this party called before the Board to explain these assumed DISCREPENCIES according to the law in such case made and provided. If the Board had no such "suspicion" and Dr. MacLean had, why did he so freely sign the license in question and violate his "oath of office." If the "suspicion" was confined even to Dr. Crowley, he had the same FACILITES at command for satisfying it, but declined using them, PREFEERING, ASSASIN like, to stab his VICTOM in the back, under the protection of an editorial cloak, while his apologist, in order I suppose, to MEDTIGATE the pain, would assure the recipient, that the ASSASIN has "no enmity against" him. If not *Good Lord protect us from such friends.* The simple facts in this case are as follows:—This party attended this school in 1851-2, twenty-nine years ago, graduated in the class of '52, paid

his graduation fees, but informed the Faculty he did not wish a diploma, from the simple fact that in his own country it could be no use to him. Possessing the knowledge to merit it was all the advantage he required. In 1866 this party with his family came to the United States never having heard that Eclectics were "*Charlatans*" or "*Ignoramuses*" that her schools were "*Bogus Diploma Mills*." (If this school at that distant date was "*Bogus*," will Dr. Crowley or MacLean inform us where was your Eclectic school that was genuine?) This party wrote to the *Faculty* at Philadelphia to **ASSERTAIN** on what conditions a diploma could be obtained, **INFERRING** that as Eclecticism was regarded as the "*American practice*," an American diploma would be more acceptable to her people, than one from a **FORIGN** school. This letter addressed to the Faculty, the party not even knowing that John Buchanan was still living, was answered by Buchanan M. D., as *Dean* of the Faculty, informing the party that as he had graduated **YIARS** ago, they would now be only too happy to issue a diploma to him. This he refused, informing the Faculty that if they could furnish him with their graduating questions, he would answer the questions to the best of his ability in the presence of a physician, return these answers, and if found satisfactory, they could then **ISSUEE** a diploma. This was done, the questions answered in the presence of Dr. C. Cameron of Oswego, Labette Co., Kansas, and these answers returned to the Faculty accompanied by his certificate to that effect, dated Feb. 10, 1870. These answers were reported as highly satisfactory, and a diploma received as dated, April 1, 1870; signed, as a matter of course, by the Faculty of 1870. The Faculty of 1852, only one member of it being still connected with the college, could not, as a Faculty, sign this diploma when issued, but from the records, sustained by an examination, were certainly competent to issue the diploma in question. Now will Dr. Crowley, Dr. MacLean, or any other doctor point out the "*irregularity*" or "*dishonor*" connected with this course of **PROCEEDURE**, the whole evidence of which is in the hands of this party and was at the service of the

Board of Examiners, had they deemed it PERTINANT. They can either do this, or, as publicly acknowledge their wrong, or, stand branded before the profession and the world as base CALUMNATORS for an IGNOMENIOUS purpose. I am now and forever done with this matter, I hope. In future the law shall be my refuge in case of necessity.

J. A. MILLER, M. D.

PRURITUS VULVÆ.

BY J. H. BUNDY, M. D., OAKLAND, CAL.

THIS is a very common and troublesome affection, and one that often proves very obstinate to treatment, occasioning many experiments in way of treatment with frequent failures. It is an affection that consists in irritability of the nerves distributed to the vulvæ, inducing intense itching and desire to rub and scratch the parts. It is not itself a disease, but a symptom of some other morbid state or states, and so significant and important as to require special attention of the practitioner. When pathologically considered, it matters little whether it be a true neurosis, or a secondary pathological state, it is, primarily, a nervous or hyperesthetic irritability of the nerves supplying the vulvæ. There can be no question that it is often excited by irritating discharges and eruptive disorders.

That it depends upon idiopathic nervous hyperesthesia, as is supposed by some, I very much doubt. At its commencement the irritability and tendency to scratch are often but slight, so as to give the patient but trifling uneasiness. They sometimes exist only after exertion in warm weather, upon exposure to artificial heat, or just after or before menstruation. It is aggravated by the counter-irritation which it demands for its relief. The scratching and rubbing that are practiced cause an afflux of blood, render the skin tender and its nerves sensitive, and after a little time greatly augment the evil by producing a papular eruption. So great is the misery in some of these cases, it would be difficult to exagger-

ate it by description. Night after night the patient is bereft of sleep, and tormented constantly by day, so that society becomes distasteful to her, and she gives way to despondency and depression.

The itching is usually intermittent in character, in some cases occurring at night, in others only at certain periods of the day. In many cases I have treated, the patients were comparatively comfortable by day, but soon as warm and ready for a happy night's rest, the irritability and nervous anxiety would begin—or just after having fallen asleep, when the disturbance was so great as to require anodynes to procure sleep and rest. It is sometimes astonishing to note the amount of exhaustion and prostration incident to the disease from the want of rest and sleep.

It is paroxysmal to some degree, any influence which produces congestion of the genital organs aggravating it very much. Lying in a warm bed, sexual excitement, eating and drinking, especially highly seasoned food and stimulating beverages, and the act of ovulation, all tend to produce the result. As to its duration—there is no limit; months, and even years sometimes passing before relief is obtained. We must suppose, from the term applied, that the disease, or rather symptom is always confined to the vulvæ. It often extends to the anus, up the vagina and down the thighs, and in pregnant women it sometimes spreads over the entire abdomen. As to these extensions they are merely complications of the disease and are due to the original malady which really deserves that name,—resulting from contamination with ichorous discharges, scratching, etc., which, without doubt, constitute the prominent exciting cause of the trouble.

ITS CAUSES.

No practitioner desires to treat a case of Pruritus Vulvæ, especially after learning how obstinate these cases often are under almost any treatment that may be devised. Reasonable hope of success of controlling it must rest in strictly viewing it as a symptom, and seeking to discover and remove its cause. However much lauded for their efficacy, no fixed

prescription should be relied upon. The primary disorder should be sought, and cured, in the hope of removing that one of its results which in its demands is most pressing for relief. It will often be found impossible to decide as to its cause, should the case have progressed for some time, for the scratching induced by it will frequently establish a cutaneous disorder, the connection of which with pruritus, whether as cause or effect will be doubtful.

As predisposing causes we may include the following: Pregnancy; uterine, vaginal or urethral disease; habits of indolence, luxury or vice; constitutional syphilis; want of cleanliness; severe exercise in one of sedentary habits; uterine or abdominal tumors. It must be observed that most of these influences, are those, which predispose to the development of abnormal secretion by the mucous membrane lining the genital tract. Without doubt such excessive and deranged secretion in the great majority of cases is the immediate, exciting cause of the nervous irritation. To keep in view simply the local trouble in a majority of cases, would be merely striving against the *branches* of an evil, the root of which consists in the ichorous material which bathes and excoriates the terminal extremities of the nerves of the vulvæ and vagina. One of the following will be found to exist as the apparent cause of the hyperesthetic condition of the nerves:—

1st. *From irritating discharges*—leucorrhœa; dribbling of urine; hydrorrhœa; diabetes; discharge of cancer. 2d. *Local inflammation*—vulvitis; vaginitis; urethritis; aphous ulcers. 3d. *Local irritation*—animal parasites; onanism; eruption on the vulva; vascular urethral caruncles; vegetations on the vulva.

Of all, leucorrhœa is the most frequent cause. As a symptom of uterine disorder, this produces pruritus only as an exception to a rule. It appears under certain circumstances to possess peculiarly irritating and excoriating qualities, which, even when the flow is insignificant in amount, will excite the most intolerable itching. This is most commonly observed in the discharge attending pregnancy, and that of senile en-

dometritis, which gives the vagina a glazed look and covers it with red spots. Vaginal leucorrhœa does not usually produce this result, but it is much more commonly due to the discharge arising from cervical or corporeal endometritis. Local inflammation, by the discharge which it excites and the itching which attends it, is evidently calculated to give rise to pruritus; yet such cases are not the most rebellious with which we meet. Any form of eruption upon or around the vulva may, and does provoke it. Animal parasites may give rise to it. Some of these causes will generally be found to have given rise to pruritus vulvæ, but it is only in originating the difficulty that it will prove active. Very soon secondary influences, as eruptions, excoriations, ulcerations, and increased discharges, the results of scratching, superadd themselves as auxiliary agents, and keep up the disorder. The first effort of the practitioner should always be to discover the disease of which the pruritus is a symptom, and then endeavor to remove it by appropriate means. General treatment as well as local means will play an important part in the treatment. If produced by leucorrhœa use the following as a vaginal injection three or four times daily. Rx Liq. Plumbi Sub Acet. Tr. Opii ʒss. Aqua Dist. Oj. M. S. Throw ʒss into the vagina, as above directed, after cleansing the parts with clean water, and also apply externally as often, freely. Nearly always this arrests the difficulty at once. If the pruritus is not entirely relieved, apply the Tr. of Lobelia, full strength, externally, or, in its place an infusion of tobacco using ʒss of the drug to Oj.

This may be used in the same way as the lobelia and often gives relief when all else fails. Perfect cleanliness should be secured by two, three, or more sitz baths daily. To procure sleep, opium, or chloral Hydrate with Potass Brom. in suitable doses should be given, until the other means brought to bear have time to act in the case. I seldom meet with cases that do not require active tonic measures and I usually put them upon the following Rx: Quin. et. Ferri Cit. ʒiss; Syr. Simp; Aqua Dist. ʒij M. S.; teaspoonful three times

daily. If the local means mentioned fail of perfect relief, some of the following may be resorted to: Rx Glycerole Picis $\frac{3}{ij}$, S. Apply once or twice daily, thoroughly bathing it in; or, Rx Ol. Amgdalarum $\frac{3}{j}$; Chloroformi $\frac{3}{j}$; M. S.; apply to outlet of vagina and vulva. Rx Acid Hydrocyanic Dil. $\frac{3}{ij}$; Liq. Plumb. Sub Acet., $\frac{3}{ij}$; Morphiæ Sul. grs x; Glycerine; Vasaline $\frac{aa}{3j}$ M. S.; apply same as last.

The following I have only used in two cases but with the happiest results. Rx Boracic Acid $\frac{3}{jss}$; Glycerine $\frac{3}{j}$; Morphiæ Sul. grs. x; Aqua Rosæ $\frac{3}{ij}$; M. S. Apply three or four times daily, and, succeeding a sitz bath. Also, Rx Hydrocyanic Acid Dil. $\frac{3}{ij}$; Acid Boracic $\frac{3}{j}$; Morphiæ Sul. grs. x; Glycerine $\frac{3}{ss}$; Aqua Rosæ $\frac{3}{ij}$; M. S.; apply as the last. If the bathing is carried out from two to four times daily, either of the above formulæ will, if thoroughly applied give permanent relief. However soon relief may attend the means, their use should not be stopped, but should be persevered with for some little time. If not a return may be looked for. If there is constipation give the following: Fld. Ext. Cascara Sagrada gtts xv., once, or at most twice daily. If there are displacements of the uterus these of course must be righted as also any other pronounced derangement of whatever character.

EDITORIALS.

STATE SOCIETY.

THE annual meeting of the State Medical Society will be held at San Francisco, on Tuesday, the 14th day of December next. We hope that every member will be present. There is every prospect of a very interesting session. Among those who will have papers are:—

DR. MILLER, on Urinology.

DR. FEARN, on Specific Medication.

DR. BUNDY, on New Remedies.

DR. CROWLEY, on The Influence of Bacteria on Wounds.

DRS. MARTIN, COOK, CLAYTON, HOUPP, HERZSTEIN and others will have papers, but we are unable to give the subjects.

All interested in the cause of eclectic medicine should be in attendance. We should be united for one common purpose. We should stand shoulder to shoulder in defense of our principles. Whatever differences of private opinion we hold, should not mar our deliberations as medical men. Bickering and strife should be set aside for the common good. The State Society is no place to display malice or petty feelings. The discussing of medical topics and the best means for promoting Eclecticism should be the business of the meeting. These matters can be discussed calmly and earnestly without prejudice to class or party.

We invite all liberal physicians to join with us. In numbers and unity there is strength. We are conscious that our cause is just—our principles correct, and our success beyond doubt. All we want is harmony, unity, singleness of purpose, and a determination to excel.

ANSWERS TO CORRESPONDENTS.

WE solicit correspondence and inquiry upon the subject of identification of plants botanically, and cordially invite all who may wish, to send us plants for this purpose. In sending, be sure to send two or three good specimens in flower and fruit if possible, with sections of the plant and leaves. If the specimen for identification is bulbous, send the root also, as in this class of plants the character of the bulb will have to be seen to insure proper identification. To those who write us for our opinion in medical cases we will say that, if no fee accompanies the letter we hope at least they will not forget to enclose a stamp to prepay postage.

S. H., Oregon. Specimen No. 1, is the *Epilobium Paniculatum*. It may be used to advantage in dysentery, although it has never been brought to the notice of the profession. From 5 to 20 drops of a fluid extract, every two or three hours is the dose. No. 2, is the *Larrea Mexicana*, (Creosote Bush) Natural Ord. *Zygophyllaceæ*. We are not aware of its having been used medicinally. No. 3, is the *Hemizonia Carymbosa*. Nat. Ord. *Compositae*. There are about twenty species of this plant on this coast.

J. K., Arizona. Your specimen is the *Baccharis Pilularis*. Nat. Ord. Compositae. For a time some supposed this to be identical with the *Samiana* of the market.

The botanical name of the *Yerba Buena* is *Micromeria Douglasii*. You can obtain the fluid extract as there is plenty of it in the market.

R. E. Your specimen marked Z, is the *Chelone Glabra*. (Turtle-Head, Snake-Head.) It belongs to the Nat. Ord. Scrophulariaceæ. This, a good remedy, like many others has not been thoroughly studied. It is a thorough alterative, tonic, and laxative; has a fine effect on the blood in all skin diseases; given in doses of from 5 to 10 drops of fld. ext. three or four times daily. It has been said that this is the basis of "Kennedy's Medical Discovery." Whether so or not, it is a good alterative.

N. This is the *Asclepias Tuberosa*, (Pleurisy Root, Butter-fly Weed, Colic Root, etc.) You will find the use of this in all our works on practice, etc., for many years past. It is a sure but slow diaphoretic, and is required in large doses to produce the desired result. We are glad to get your specimens for examination, but be sure to send sections of the entire plant as it saves us unnecessary trouble in correctly naming the plants. In this specimen, for instance, there was only one leaf and that was broken off. All parts of plants should be sent. Send them along and we shall only be too happy to name them.

OUR ETHICS.

AMONG the By-Laws adopted by the NATIONAL ECLECTIC MEDICAL ASSOCIATION we find the following:—

"It shall also be regarded as unbecoming to engage in any form of practice, or of advertising, which shall tend to lower the physician in the esteem of the community, or to reflect discredit upon his professional associates."

"While it is the undoubted right of every physician to present himself before the public in an honorable manner, and to state that he makes a specialty of any particular disease, no

member of this association shall advertise himself by handbills, circulars, publication of certificates of cures, or any such means, nor associate himself in business with one so doing."

We understand that the State Medical Society has endorsed the above, and adopted it as far as applicable. It should therefore be the rule and guide of our conduct in the matter of our advertising, as eclectic medical practitioners.

Do all the members who have received licenses from our Board of Examiners conform to this By-Law? If they do not, they are guilty of unprofessional conduct and should be dealt with according to law. Are there not more than one who is engaged in a form of practice and advertising which tend to lower them in the esteem of the community, and bring reproach on their professional associates? Are not some of the advertisements in the public prints disgraceful, degrading and obscene? Is not the advice given to females who have irregularities, or "similar troubles," or are "sick or are in trouble," a little suspicious, more especially if they are informed that they can be provided with apartments so arranged "that only the doctor is seen"?

We do not believe those things should be tolerated. They are a disgrace to our society. We should use every effort to put a stop to them. We should show the public that we do not countenance such conduct, and as a society clear ourselves of the stigma. We must do it if we expect to retain the respect of the public.

We have no ill feeling against any one. We call the attention of the society to these matters from a sense of duty. There are many eclectic physicians in this State who do not advertise, yet they have to suffer the odium that is cast upon them by the few. This is not necessary. The license of every man who does not conform to our code of ethics should be revoked. And we hope our society has sense of honor enough to rid itself of all violators.

There are parties holding licenses who send circulars, handbills and certificates of cures broadcast throughout the land. They have been winked at too long. We warn them that

they are on dangerous grounds. That the days of forbearance will not always continue. We do not wish to prevent any one from practicing their profession. We simply wish them to "sin no more." If they are of us they must abide by our rules. If they will not do so, we must discard them, and show the public that we occupy a higher plane. We never can be prosperous as a society while it can be said that we protect such men. Let us be *eclectic* in our *associates* as we are in our *practice*. Select that which is good, and reject that which is bad.

J. A. MILLER, M. D., AND HIS SCALPEL.

WE apologize to our readers for publishing Doctor Miller's lengthy tirade of personal abuse. Judging from the quantity of mud he throws, he shows more familiarity with a spade than a scalpel.

We have read the Doctor's article carefully and find that we have not materially misrepresented the matter. It appears that the name of J. A. Miller, does not appear in Buchanan's records, but the name of I. A. Miller, California, does appear in the record of 1876, hence the mistake, if mistake it is.

We were not aware that the *regular* manner of obtaining a diploma was to attend College, and then eighteen years afterwards send for a diploma by mail, or otherwise. Still we have no desire to rob him of any *honor* which it confers.

For a literary character and a graduate of three medical colleges we think the Doctor a remarkable speller, unless he has adopted a new system which might be known as *Millerism*. Dr. Crowley makes no pretensions to wealth, but he would cheerfully contribute a trifle towards buying a dictionary, if he (Miller) has exhausted his means procuring diplomas.

The only apology to which he is entitled at our hands is for calling him a gentleman, that class of men do not write such articles.

CALIFORNIA MEDICAL COLLEGE.

THIS College has commenced its second annual course of lectures with flattering prospects. The session was opened by an address by Professor S. P. Meades, which is published elsewhere. The class is larger than last year, with a number still to come. Attendance has been extended from five to six months and from two to three years. It is the best appointed College on the Coast, and possessed of every element of success.

Students who attend this College will not have to listen to lectures composed over a quarter of a century ago, and rehearsed from year to year like a nursery tale. The Faculty are men of energy and intelligence, capable of imparting instruction and presenting the latest discoveries, and most advanced ideas in medical science.

Though young it has been tossed on the sea of trouble; still its friends and supporters never wavered in their hope of final success. The condition is such to day, that we can confidently say, that it is an institution that has come to stay. The CALIFORNIA MEDICAL COLLEGE will continue to exist and flourish after its enemies shall be forgotten in dis-honored graves.

MILK DIET AND RECTAL ACCUMULATION.—Dr. D. W. Niles, of Worcester, Mass., calls attention to a peculiar tenacious pultaceous faecal accumulation in the rectum as a result of continuous milk diet. In a case to which peculiar reference is made, the mass could only be dislodged from the rectum by mechanical means. Milk diet tried upon a perfectly healthy individual for forty-eight hours, caused the same kind of accumulation within the rectum.

MEDICAL BOOKS.

WE call the attention of our readers to the advertisement of W. B. Hardy, 959 Broadway, Oakland. Any of our friends in need of medical works can do no better than order of Mr. Hardy, who can furnish Eclectic or other books at short notice. He is an honorable, sterling business man, and can be depended on as a reliable dealer. Give him a call.

SELECTED.

AMERICAN DISPENSATORY.

(Supplement to the American Dispensatory.)

By JOHN KING, M. D., AND PROF. JOHN U. LLOYD, CINCINNATI.

THE *Druggists' Circular* for November, 1880, says: "This is one of the most important publications to the pharmacist that have appeared this year. The *American Dispensatory* is well known to most druggists as a work of great merit, occupying a place which is filled by no other pharmaceutical treatise; nowhere else is so complete a description of the native medicinal plants and of their botanical, medical, and chemical characters to be found. Because the American Dispensatory is, so to speak, the *Pharmacopœia* of the eclectic school, it would be unjust to ignore the valuable services it has rendered to medical science. To this work, and the school it represents, we are indebted for a number of important discoveries, such as the medical properties of *podophyllum*, *lobelia*, *leptandra*, and many other native drugs now employed extensively in Europe as well as in this country. By the way we may remark that the *regulars* have in this respect proved themselves to be more eclectic than the eclectics themselves, for they have, without much ceremony, adopted all the good they found in eclectic practice, while it is almost impossible to persuade the devotees of more than one *ism* that there is salvation outside of their church.

" Since the last issue of the *American Dispensatory* many new articles of therapeutical value have been presented to the medical profession, and a number of these being of native origin, properly come under the scope of the treatise in question. For various reasons, it was decided to present a description, history, etc., of these articles in the form of a *supplement*. To render the work as accurate as possible, Dr. King entrusted the task of constructing the best working formulas to Professor J. U. Lloyd, a practical pharmacist, well known

to the readers of the *Druggists' Circular*. The *Supplement* is a volume of about 200 pages, of the same form and type as the *American Dispensatory*, with the improvement, however, that very clear woodcuts, all original but one, are inserted to illustrate the most important subjects. All articles supplied by Dr. King are indicated by the signature 'K.', and those by Professor Lloyd by the letter 'L.' We heartily recommend the "*Supplement*" to our readers as a useful work of reference, full of valuable information. The price is two dollars."

A NEW OPERATION FOR THE RADICAL CURE OF HYDROCELE.

DR. BERNARD BARTOW read a paper upon this subject before the Buffalo Medical Club, April 28, 1880. The operation consists of an incision from three to four inches in length, in the scrotum—in the centre of the hydrocele tumor—extending through the scrotal tissues until the sac is exposed. The loose connective tissue is then separated from the sac to the extent of about an inch on either side of the line of the incision, exposing about one-third the circumference of the tumor; the distended sac protruding into the wound renders this last step very easy of accomplishment. Into the most depending part of the tumor thus exposed, a fine trochar and canula are introduced, and the fluid is drawn off, the entire wound being left to close by granulation. It is intended that air shall not be admitted into the sac, and it is preferable to make the incision with antiseptic precautions, and to continue them during its subsequent treatment. Of the two cases where this plan was used, the first was a large hydrocele that had received no previous treatment, the second case being one in which repeated tapping had been performed. The clinical features following the operation were very similar to those following the injection of the sac with tr. iodine. At the end of nine months there was no sign of a return of the disease. Following the operation in both cases, the testicle was movable in its sac, showing that obliteration of the sac did not take

place. The recommendation of this operation is based upon the fact that it is free from the dangerous constitutional disturbance which is liable to follow inflammation in an open serous sac—as in the case where a hydrocele is incised; and the prolonged suppuration attending obliteration of the sac by incision is superseded by that which would follow from a superficial wound only. By preventing access of air to the interior of the sac, the liability to suppuration within the sac is atmost nil; this principal danger being avoided, the method would seem to possess the conditions by which inflammation could be excited with safety in the sac and surrounding tissues.—*Buffalo Medical Journal.*

FIFTY-CENT DOCTORS.

THE practice of underbidding, among even regular physicians, is known to be prevalent in some parts of this city. A number of such cases have been called to our attention. One of these, sufficiently illustrative, is that of a man in very good circumstances, who had been accustomed to employ an up-town physician when he or any of his family was sick. For office visits he paid a dollar. Being of a thrifty turn of mind, however, he determined to do better, if possible, and, after a little inquiry, he found a down-town doctor who would charge him only fifty cents, including the medicines; so he made the change.

It is currently reported that there are a good many physicians who will barter their valuable experience for even half the above sum. It is not a very uncommon practice for persons who are aware of the elasticity of medical charges to go from one physician to another in order to find out who will treat them or operate upon them at the cheapest rate.

We make no special protest against charging small fees when the patient is poor, though it would certainly add more to the dignity of the profession if doctors would either charge respectable fees or make the case a charitable one. But the system of covert underbidding, the practice of quietly giving out notice that "fees at this office are only fifty cents" is

unprofessional and degrading. It is the spirit of the tradesman, but made a thousand times worse, because the physician assumes to be moved by some other considerations besides those of profit and loss.—*New York Medical Record.*

ON THE BLOOD IN ANÆMIA.

DR. JOSEPH HUNT makes the following observations on this subject:—“By the hæmacytometer and hæmoglobinometer we are unable to compute the amount of corpuscles and hæmoglobin in the blood, but only the proportion which these bear to the serum.

“Greater experience has fully convinced me that our estimate of the number of white corpuscles is considerably above the mark. The maximum number has been stated as .3 per hæmic unit, represented by two squares of Dr. Gowers’ hæmacytometer—that is, 1,500 corpuscles in the cubic millimetre of blood, but I believe that they very seldom exceed .2 per hæmic unit, and more frequently than not fall even below this. The average corpuscular richness of the blood in anæmia, as shown by observations in thirteen cases, all of which were at the commencement of treatment below 75 per cent., is about 63 per cent.—a computation strikingly in accordance with my previously published results, where the average of ten cases was 62 per cent. As before pointed out by Dr. Gowers, myself, and others, the corpuscular richness of the blood is seldom accurately represented by the appearance either of the skin or mucous membranes. Not unfrequently have I examined the blood of young girls attending my out-patient room expecting to find a marked diminution in the number of the corpuscles, and, to my surprise, found it normal, or nearly so. Similarly, when, at the commencement of treatment, the corpuscles may be considerably below the average, they regain the normal long before the symptoms have disappeared and the patient has been restored to health. But though in such cases the corpuscles may be but little affected, the hæmoglobin is very far from being so. In nearly all cases the corpuscles became normal in from two to three

weeks, while it takes three or four times that period for the haemoglobin to reach anything like the usual percentage. For example, out of ten cases which I have charted with great care—observations being made weekly, and each case being so much improved that the patient no longer cared to attend—in only one did the proportion of haemoglobin exceed 90 per cent., in this case reaching 100 per cent.; while the average attained at the end of the treatment was only 70 per cent. The length of treatment varied from three to ten weeks, the average being six weeks. These facts are in the most striking contra-distinction to observations made by Hayem. According to him, in anæmia treated by iron the haemoglobin increases out of all proportion to the corpuscles—so much so that the richness in haemoglobin may exceed the richness in corpuscles. Notwithstanding my very numerous experiments, I cannot recall to my mind, and certainly I have no notes of, any case in which the richness in haemoglobin at any period of the treatment ever equalled the corpuscular richness—indeed only once has it come within 10 per cent. of it. In regard to this point, Drs. Baxter and Wilcocks similarly are in opposition to Hayem, and record results very similar in many respects to mine.

"The amount of haemoglobin at the commencement of treatment, as noted in fifteen patients, averaged 44 per cent., eight of these being 40 per cent. or below. Though, as remarked above, the corpuscles become normal in number long before the haemoglobin, yet under judicious treatment the latter steadily increases in amount—about the same rate *proportionately* as the corpuscles. Thus, out of fourteen cases, in which both the amount of corpuscles and the haemoglobin were noted at the first visit, the former averaged 79 per cent. and the latter 44, a proportion of very nearly 9:5. After a week's treatment the percentage of ten of these was noted as 86 of corpuscles and 51 of haemoglobin, a proportion of $8\frac{2}{3} : 5$; and after a second week the corpuscles had risen to 95 and the haemoglobin to 55—that is $8\frac{1}{2} : 5$.

"In occupation these patients were mostly general servants,

barmaids, public-teachers, shop-girls, dressmakers and such like; and in age they varied from fifteen to twenty-five years old. In most of them there were hæmic murmurs heard at the base and in the carotids and jugulars; and in some apical murmurs, probably due to a temporary dilatation of the left ventricle, rendering the closure of the mitral valve imperfect, while increased tension in the pulmonary circulation was in many cases indicated by an intensified second sound heard at the pulmonary cartilage. As far as I have seen, hæmic murmurs have been not seldom absent when the corpuscular richness and the amount of hæmoglobin have been much below the normal. This requires further observation, and would be difficult of explanation unless under the supposition that there is a large excess of serum present, which, while it serves to dilute considerably the corpuscles and the hæmoglobin, helps also to maintain the quantity of the blood unaltered, and causes therefore no difference in the relationship between the quantity of fluid and the containing blood-vessels, which would be essential, according to many, for the production of hæmic murmurs.

"I have watched with much interest the relation which the corpuscular richness of the blood bears to the catamenial periods. To do this exactly, of course, is difficult when patients are seen only once a week, as in most of my cases; but it appears to me that the catamenia generally diminish the number of corpuscles. This diminution is most marked, if the blood be examined shortly before the onset of a menstrual period, though it is also found if the blood be examined soon after. This observation has been so frequently made that it cannot be a mere coincidence. Thus, out of twenty-two instances in which the blood was examined within three or four days either preceding or subsequent to the catamenia in only three was there a continuous rise in the number of the corpuscles, while in four the previous rise was arrested, and in the remaining fifteen there was a distinct diminution either just before or after the onset of the catamenia. The amount of hæmoglobin appears to be less affected by the catamenia,

and I have similarly noticed that it is less affected by other disturbing conditions, which cause a decrease in the number of corpuscles. In other words, while the rise in haemoglobin is not so rapid as the rise in corpuscles, it is more steady, and not so much affected by adventitious circumstances.

"The treatment of the various cases differed considerably. In most, in addition to hygienic treatment, iron in some form or other was tried. The old and well-known compound mixture of iron, or Griffiths's mixture, gave as good results as any. The tincture of perchloride of iron was very valuable, and especially so when given in fairly large doses—fifteen to twenty minims. When given in smaller doses, as five minims, it did not effect nearly so much improvement in the blood condition. As a matter of experiment, arsenic (Fowler's solution) was tried in a number of cases by itself; though it occasionally effected a considerable rise in the number of corpuscles, this rise was very unsteady and liable to great fluctuations and relapses. Arseniate of iron, given in doses varying from one-sixteenth to one-third of a grain, frequently much improved the general condition, but did not effect any marked or steady change in the blood condition—a fact easily accounted for by the small amount of iron present in the preparation."—(*The Lancet*, July 17, 1880.)

THE INOCULATION OF PHthisis AND RABIES.

M. CHAVERNAC OF AIX read a paper before the Academy of Medicine in Paris, upon the inoculation of animals with phthisis and hydrophobia poison obtained from the human subject. The experiments with phthisis conducted upon thirty-six rabbits were entirely negative in their results, and the author believes that the success or failure of the inoculation depends upon the state of nutrition. Whilst these experiments were being carried on, a man suffering from hydrophobia due to the bite of a wolf died in the hospital, and M. Chavernac conceived the idea of inoculating one of his rabbits with the blood-stained froth from the mouth of the body. With this idea he inoculated the animal at the back of its

neck, and again in its groin. No abnormal symptoms, however, were exhibited for fifteen days, but from the seventeenth to the nineteenth the animal suffered successively from loss of appetite, trembling of the skin, change of habit, restlessness, anxiety, timidity, photophobia, hurried and disorderly flight with symptoms of giddiness. When the animal escaped, it had not eaten anything for three days and the author believes that it must have died in the course of the day. It thus appears that hydrophobia is capable of transmission from man to a rabbit.—(*Le Progrès médical*, July 3, 1880.)

THE HUMAN TAIL.—Virchow (says the *Chicago Medical Review*) makes the receipt of a communication about an alleged case of tail in man, from one of his Greek correspondents, the occasion for a full review of this subject of caudate human beings. He considers the condition of so-called sacral trichosis, in which a large tuft of hair is found at the sacral region, as related hereto. Instances of this latter kind indicate probably a genuine ancestral trait, for a tuft of hair on the sacrum is all that represents the tail in anthropoid apes. The immediate ancestors of the human race were as tailless as men themselves, and as their nearest living relatives, the orang, gorilla, chimpanzee, and gibbon. The presence of a true tail in a human being can therefore be regarded only in two lights—either as a hap-hazard monstrosity, or an atavism in the sense of the preservation of an early embryonic feature. Among well authenticated examples of human tails, Virchow describes that of an infant born in Oldenburg. It had a tail which it could move and which was coiled up like that of a pig. He suspects that among certain little studied races, Tartars, Greeks, and possibly some African tribes, this feature may be of more common occurrence than in our own. He finds in such tails as he has examined no true vertebral elements; the only feature which exhibits its homology, is a central cord, representing, perhaps, the *chorda dorsalis*.

NERVE-STRETCHING FOR THE CURE OF LUMBAGO AND SCIATICA WITHOUT ANY CUTTING OPERATION.—Dr. James M'Craith, of Smyrna, writes to the *British Medical Journal* upon the above topic: "I have had," he says, "very lately an attack of lumbago, for the first time in my life. A patient of mine, whom I could not go to see came to my house and volunteered to cure me, assuring me he had cured, almost instantaneously, several people suffering in the same manner as I then was, by kneading and pressing very hard the parts affected. He placed me on my face and hands on the sofa, and kneading the painful parts very forcibly for some time, and then he said: 'I don't hear the cric-cric which I always hear when I succeed at once, so I fear I shall not succeed with you.' This is evidently the sensation of 'adhesions giving away,' as described by Dr. Bramwell, when the cure is satisfactory. I have known of cases of torticollis getting suddenly well, also of pain in the shoulder, on some violent movement being made. These are evidently cases of 'nerve-stretching,' and I think we have got at the true scientific explanation of the success of the popular proceeding in those cases; and with the distinct object of 'stretching the nerve' and 'breaking up the existing adhesions,' we may adopt with advantage, and much greater chance of success, this popular method. In severe cases, chloroform may have to be used, as the kneading is painful.

DOUBLE GESTATION.—A case of double gestation is reported by Dr. P. J. Murphy in the *Obstetric Gazette*. The patient, a young married woman, had one child four years before. The last pregnancy was attended with no unusual symptoms, except some œdema of the legs. Labor came on regularly and a child was born, weighing about four pounds. It was very weak and evidently not more than eight months old. About twenty minutes after its birth a four months' foetus was delivered. There was a separate placenta to each foetus. The patient made a good recovery. Twins had "run in the family."